BUILDING PERMIT APPLICATION

COMMERCIAL

PROPERTY OWNER		GENERAL CONTRACTOR	
NAME:		COMPANY:	
ADDRESS:		CONTACT:	
CITY, ST, ZIP:		ADDRESS:	
PHONE #:		CITY, ST, ZIP:	
PHONE #:		PHONE #:	
		PHONE #:	

PROPERTY INFORMATION	
PROPERTY ADDRESS:	
TAX PARCEL NUMBER:	
TOWNSHIP:	
ZONING CLASSIFICATION:	
IS PROPERTY IN THE FLOODPLAIN?	

JOB DESCRIPTION		
TYPE OF CONSTRUCTION (IBC Chapter 6)		
OCCPANCY TYPE (IBC Chapter 3)		
NUMBER OF STORIES		
SPRINKLERS REQUIRED?		

PLANS SUBMITTAL CHECKLIST	
	TWO (2) SETS OF BLUEPRINTS – SIGNED AND STAMPED
	SITE PLAN
	LIST OF SUBCONTRACTORS
	APPROVED AND ISSUED GRADING AND DRAINAGE PERMIT
	APPROVAL FROM HEALTH DEPARTMENT
	APPROVAL ANDALUSIA ZONING & PUBLIC WORKS (if applicable)
	ELEVATION CERTIFICATE (if applicable)

Current Codes Being Used (with local amendments):

* 2012 International Building Code*
* 2012 International Existing Building Code*
* 2012 International Fuel Gas Code*
* 2012 International Mechanical Code*
* 2011 National Electrical Code*
* 2015 IECC per Illinois Energy Efficient Buildings Act (20 ILCS 3125/1)
* State of Illinois Plumbing Code (225 ILCS 320)
* Illinois Accessibility Code (410 ILCS 25)
* Fire Code – Check with Fire Protection District
* Rock Island County Zoning Resolution

SUBCONTRACTORS		
TYPE	NAME	REGISTERED
ELECTRICAL		
EROSION CONTROL		
SITE WORK		
FOUNDATION		
FRAMING		
HVAC		
INSULATION		
PLUMBING		
ROOFING		
SPRINKLER		
FIRE PROTECTION		
OTHER		
OTHER		
OTHER		
OTHER		

BID PRICES		SQ FT
TOTAL PROJECT		
ELECTRICAL		
HVAC/MECHANICAL		
PLUMBING		
FIRE PROTECTION		
OTHER		
OTHER		

Under penalty of intentional misrepresentation and/or perjury, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with the building codes, as adopted by Rock Island County. I agree this structure shall not be used, occupied or furnished in whole or in part until a *Certificate of Occupancy* is issued as required by law.

APPLICANT SIGNATURE _____ DATE _____